Under the Paperwork Reduction Act of 1896, no persons are required to respond to a contaction of information unless & displays a yard OMB controllumber. Approved for use through 1/3 1/2008, ONB 061-0031 U.S. Petent and Trademark Office: U.S. DEPARTMENT OF COMERCE Substitute for Form PTO-876 Application or Docket Humber Effective December 6, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR FOR SMALL ENTITY HUMBER FRED BASIC FEE (3) OFA 1.16(0), (4), or (c)] NUMBER EXTRA RATE (1) FEE (1) **EVA** NA RATE SEARCH FEE NA 150.00 (37 CFR 1 16/H, N. ox (m)) N/A NA 300.00 NIA. NVA **EXMINATION FEE** \$260 (11 CFR 1.16(0), (F), or (0)) N/A NIA \$500 NA TOTAL CLAMES NA \$100 (3) OFR 1.16(1) NIA \$200 MINUS 20 a INDEPENDENT CLAIMS X\$ 25 (37 OFR 1.16(N) X\$50 OB minus 3 e X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE . sheets of paper, the application size fee due FEE is \$250 (\$125 for small entity) for each (37 CFR 1.16(6)) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II) +180= "If the difference in column 1 is less than zero, enter "o" in column 2. +360\* TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) CLAIMS SMALL ENTITY OR OTHER THAN HIGHEST REMAINING SMALL ENTITY NUMBER PRESENT ENDMENT AFTER RATE (1) PREVIOUSLY ADDI. EXTRA MENDMENT RATE (\$) PAID FOR Total TIONAL ADOI-DI CFR LACGE Minus FEE ( TIONAL A. Endopendent DT CFR LIGHE X\$ 25 FEEd Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (1) CFR 1.1601 +180= +360= OR TOTAL TOTAL ADO'L FEE' OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 0 REMAINING NUMBER PRÉSENT AFTER RATE (1) PREVIOUSLY MENOMENT. ADDI: EXTRA AMENDMEN RATE (1) TIONAL FEE (1) PAID FOR Total profit Linus ADDI-Minus TIONAL FEE (1) Independent PICER LIGAD X\$ 25 Minus OR X\$50 X100 Application Size Fee (37 CFR 1.16(5)) X200. OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DT CFR 1.140) +180= +360= OR TOTAL

If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

"If the Titighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The Titighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

This collection of Anomation is required by 37 CFR 1.16. The Information is required to obtain by retain a barrell by the pulple which is to life (and by the locally gathering, preparing, and admitting the completed application form to the uspro. This collection is estimated to take 12 minutes to complete," on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the chief Information Calculations, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS